

BEFORE THE ARIZONA REGULATORY BOARD
OF PHYSICIAN ASSISTANTS

In the Matter of

PETER N. KANKAKA, P.A.

Holder of License No. 4285
For the Performance of Healthcare Tasks
In the State of Arizona

Case No. PA-12-0019A

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER FOR LETTER
OF REPRIMAND AND PROBATION**

The Arizona Regulatory Board of Physician Assistants ("Board") considered this matter at its public meeting on August 29, 2012. Peter N. Kankaka, P.A. ("Respondent") appeared before the Board for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-2551(G). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of physician assistants in the State of Arizona.

2. Respondent is the holder of license number 4285 for the performance of health care tasks in the State of Arizona.

3. The Board initiated case number PA-12-0019A after receiving a complaint regarding Respondent's care and treatment of a 69 year-old male patient alleging failure to properly diagnose and treat the patient.

4. On January 4, 2012, KC presented to the emergency room (ER). He had 10/10 substernal chest pain with radiation to the neck. There were no associated symptoms and the review of systems was negative. KC's medications included amlodipine, isorbide, folic acid, plavix, metaprolol, keppra, lisinopril, and simvastatin. Exam by the physician on admission was remarkable for chest wall tenderness and KC's vital

1 signs were stable. An EKG revealed only a sinus bradycardia and a chest x-ray was
2 normal. KC was observed for several hours with normal labs and repeat studies. He was
3 discharged with the diagnosis of chest pain without additional medications, other than
4 those administered in the ER including toredol.

5 5. Three days later, KC returned to the ER and was seen by PA Kankaka. KC
6 reported a six-day history of abdominal pain, nausea, vomiting and diarrhea. Vomiting,
7 diarrhea, and epigastric pain was documented and there was no note of fever, chills, or
8 sweats. An examination of KC revealed a non-tender abdomen with no distress. Labs
9 included an elevated WBC with a left shift, elevated blood sugar, depressed sodium and
10 potassium, and elevated SGOT. Amylase and lipase were normal. Cardiac enzymes were
11 not documented as being repeated and an EKG showed findings consistent with an acute
12 myocardial infarction.

13 6. During his Formal Interview, Respondent admitted that on the day KC
14 returned to the ER, he had worked several hours and was tired. Respondent further
15 acknowledged that he failed to repeat the cardiac enzymes and address the EKG findings
16 indicating a myocardial infarction.

17 7. KC was checked out and turned over to the inpatient physician with the
18 diagnosis of gastroenteritis and dehydration. KC was subsequently admitted and placed
19 on IV normal saline, protonix, Zofran, lovenox, oxygen, and Tylenol.

20 8. A repeat EKG and initial cardiac enzymes were not ordered. KC complained
21 of nausea the following morning. The nursing notes documented that KC developed
22 dyspnea, decreased oxygen saturations, and then coded. Resuscitation efforts were
23 unsuccessful and KC expired.

24 9. The Medical Consultant (MC) found that the care delivered to KC during his
25 January 7-8, 2012 hospital admission fell below minimal standards of care. The MC

1 observed that KC's history, risk factors, and known diagnoses were not fully addressed on
2 the initial ER evaluation. The MC stated that testing obtained was not addressed in a
3 timely or appropriate fashion.

4 10. The standard of care requires a practitioner to address laboratory and
5 diagnostic testing as ordered, and to order appropriate diagnostic testing as related to the
6 patients' history and complaint.

7 11. Respondent deviated from the standard of care by failing to address the
8 EKG documenting acute cardiac ischemia by ordering the appropriate labs.

9 12. Respondent's deviation from the standard of care can result in misdiagnosis
10 and even the death of the patient, as happened in the case of KC.

11 12 CONCLUSIONS OF LAW

13 1. The Arizona Regulatory Board of Physician Assistants possesses jurisdiction
14 over the subject matter hereof and over Respondent.

15 2. The conduct and circumstances described above constitute unprofessional
16 conduct pursuant to A.R.S. § 32-2501(21)(j) ("[a]ny conduct that is or might be harmful or
17 dangerous to the health of a patient or the public.")

18 ORDER

19 IT IS HEREBY ORDERED THAT:

20 1. Respondent is issued a Letter of Reprimand.

21 2. Respondent is placed on probation for **ONE year** with the following terms
22 and conditions:

23 a. Continuing Medical Education

24 Respondent shall within one year of the effective date of this Order obtain -
25 **15-20 hours** of Board Staff pre-approved Category I Continuing Medical Education (CME)

1 in the **interpretation of EKGs and treatment of cardiac issues** and provide Board Staff
2 with satisfactory proof of attendance. The CME hours shall be in addition to the hours
3 required for the annual renewal of licensure. The probation shall terminate upon
4 successful completion of the CME.

5 c. Obey All Laws

6 Respondent shall obey all state, federal and local laws, all rules governing
7 the performance of health care tasks in Arizona, and remain in full compliance with any
8 court order criminal probation, payments and other orders.

9 d. Tolling

10 In the event Respondent should leave Arizona to reside or perform health
11 care tasks outside the State or for any reason should Respondent stop performing health
12 care tasks in Arizona, Respondent shall notify the Executive Director in writing within ten
13 days of departure and return or the dates of non-performance within Arizona. Non-
14 performance is defined as any period of time exceeding thirty days during which
15 Respondent is not engaging in the performance of health care tasks. Periods of temporary
16 or permanent residence or performance of health care tasks outside Arizona or of non-
17 performance of health care tasks within Arizona, will not apply to the reduction of the
18 probationary period.

19 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

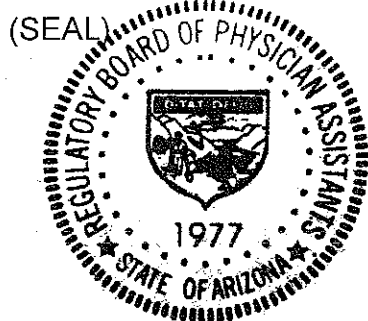
20 Respondent is hereby notified that he has the right to petition for a rehearing or
21 review. The petition for rehearing or review must be filed with the Board's Executive
22 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The
23 petition for rehearing or review must set forth legally sufficient reasons for granting a
24 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after
25

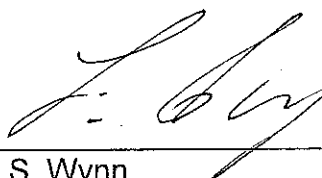
1 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,
2 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

3 Respondent is further notified that the filing of a motion for rehearing or review is
4 required to preserve any rights of appeal to the Superior Court.

5
6 DATED AND EFFECTIVE this 29TH day of NOVEMBER, 2012.

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8 ARIZONA REGULATORY BOARD OF
PHYSICIAN ASSISTANTS



10 By 
11 Lisa S. Wynn
12 Executive Director
13
14
15
16

17 EXECUTED COPY of the foregoing mailed
18 this 29th day of November, 2012 to:

19 Peter N. Kankaka, P.A.
20 Address of Record

21 ORIGINAL of the foregoing filed
22 this 29th day of November, 2012 with:

23 Arizona Regulatory Board of Physician Assistants
24 9545 E. Doubletree Ranch Road
25 Scottsdale, AZ 85258


Arizona Regulatory Board
of Physician Assistants Staff